

Medicare Physician Voluntary Reporting Program Work Sheet

Check only one choice per measure. (Surgery)

Date of service _____ Physician _____ Patient _____

Antibiotics prophylaxis for surgery with elevated infection risk:

Measure: Antibiotics ordered by surgeon for administration one hour prior to incision*

___ Antibiotics documented as administered within one hour prior to incision **G8152**

*(two hours for vancomycin or fluoroquinolones)

___ Antibiotics NOT documented as administered within one hour prior to incision **G8153**

*(two hours for vancomycin or fluoroquinolones)

___ Patient is NOT an eligible candidate for antibiotics prophylaxis **G8154**

Thromboembolism prophylaxis for surgical patient at increased risk of DVT

Measure: Thromboembolism prophylaxis ordered

___ Patient has appropriate thromboembolism prophylaxis administered **G8155**

___ Thromboembolism prophylaxis NOT administered **G8156**

___ Patient is NOT an eligible candidate for thromboembolism prophylaxis **G8157**

Use of Internal Mammary Artery in CABG

Measure: Patient receives CABG using Internal Mammary Artery

___ Patient documented to have received CABG using Internal Mammary Artery **G8158**

___ Patient documented to have received CABG NOT using Internal Mammary Artery **G8159**

___ Patient is NOT an eligible candidate for CABG using Internal Mammary Artery **G8160**

Pre-operative beta-blocker administration for patient with isolated CABG

Measure: Patient with isolated CABG should receive pre-operative beta-blocker

___ Patient with isolated CABG received preoperative beta-blocker **G8161**

___ Patient with isolated CABG did NOT receive preoperative beta-blocker **G8162**

___ Patient is NOT a candidate for preoperative beta-blocker **G8163**

Autogenous AV fistula in ESRD patient requiring hemodialysis

Measure: Autogenous AV fistula is optimal vascular access for hemodialysis

___ Patient undergoing hemodialysis received autogenous AV fistula **G8081**

___ Patient undergoing hemodialysis does NOT have an autogenous AV fistula **G8082**

___ Patient undergoing hemodialysis was NOT an eligible candidate for autogenous AV fistula
G8085

Physician Signature_____